

August 25, 2006

Ms. Torina McGee  
State Budget Analyst  
Office of State Budget  
1201 Main Street, Suite 950  
Columbia, SC 29201

Dear Ms. McGee:

Attached is the Department of Disabilities and Special Needs' Budget Plan for FY 2007-2008. We are submitting only items that represent critical needs for the agency and the individuals and families we serve.

DDSN continues to become more efficient and continues to prioritize services on a needs-to-have rather than a wants-to-have basis. By policy the agency continues to utilize less expensive in-home family supports to avoid expensive out-of-home care. However, these actions are not sufficient by themselves to fund the critical needs.

DDSN's Central Office administration, as a percent of the agency's total budget, has decreased from 2.8 percent in FY 90-91 to less than 2.0 percent in FY 06-07, including pay increases. Privatization efforts have increased and the amount of funds shifted to local programs has increased. However, these measures alone cannot fund the critical needs identified.

The agency is submitting three operating budget priorities and one capital budget priority in its budget request. The first is to annualize with recurring State dollars the non-recurring Supplemental Appropriation provided DDSN for FY 2006-2007. These services currently funded with non-recurring dollars are needed by families and individuals with disabilities on an ongoing basis, not just one year. This need for ongoing funding was known when the services were funded with a onetime source.

The second operating request is for in-home supports for 1,250 individuals and families to slow down the need for out-of-home residential placements on the front end. The number of individuals on a waiting list for in-home supports continues to grow. Without additional

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funding there will be 820 people awaiting day supports and 1,120 requesting special Medicaid Waiver services for in-home supports. There is a tremendous urgency in this area to prevent the break up of families by preventing the development of crisis situations and their resulting out-of-home placements.

The third operating request is to be able to provide the expected funding required, based on current estimates, for the state to expand Early Intensive Behavior Intervention Treatment from a Medicaid Waiver pilot project funded in FY 2006-2007 to a fully operational waiver for children with a diagnosis of Pervasive Developmental Disorder to include Autism and Asperger's Syndrome. Early intervention treatment at as young an age as possible is key to helping these children reach their potential in life.

The one capital request is for funding to construct the South Carolina Center for the Treatment of Genetic Diseases. The total cost of the center will be \$10.7 million. This request is for \$7 million to construct the 30,000 square foot facility. The Center will allow the timely development of the necessary expertise and infrastructure to position South Carolina to take fullest possible advantage of emerging treatments to cure and prevent mental retardation, autism, and related disabilities.

Except for Babynet Early Intervention Services, DDSN services are generally not an entitlement. While this means the number of eligible people is limited and costs associated with growth are controlled, the agency is still unable to fund these most critical needs with existing resources for several reasons. The number of individuals who need services from DDSN, often critical life and death services, continues to grow. People with severe disabilities have normal life spans and need services for decades. Advances in science and medicine have significantly increased rates of survival of persons with complex medical conditions. There is limited turnover among existing service recipients with which to accommodate the new individuals who need services.

Our resources are further stretched by the growth in our state's population generally and specifically as a result of successful economic development. Each month DDSN receives almost 400 requests from new people seeking eligibility and services. Some of the families that are now making South Carolina their home have family members with severe disabilities. New funds are essential to maintaining current services and to assisting new people requiring critically needed services.

We appreciate the opportunity to present the needs of the agency to provide services to individuals with severe lifelong disabilities and their families. There are no new FTEs in this budget plan. If we can provide you with any additional information, we will be happy to do so.

Sincerely,

Stan Butkus, Ph.D.  
State Director

Attachment

## **FISCAL YEAR 2007-08 BUDGET PLAN**

### **I. EXECUTIVE SUMMARY**

#### **A. Section 11/J16/Department of Disabilities and Special Needs**

#### **B. Statewide Mission:**

The Department of Disabilities and Special Needs, as stated in Section 44-20-240 of the South Carolina Code of Laws, has authority over the state's services and programs for the treatment and training of persons with mental retardation, autism, head and spinal cord injury and conditions related to each of these four disabilities. This authority does not include services delivered by other agencies of the state as prescribed by statute.

The mission of the Department of Disabilities and Special Needs is to assist people with disabilities and their families through choice in meeting needs, pursuing individual possibilities and achieving life goals, and to minimize the occurrence and reduce the severity of disabilities through prevention. To do this DDSN strives to ensure their safety and improve the health and economic conditions of the individuals and families served. This directly supports South Carolina's goal that every citizen enjoy an enhanced quality of life and the state's mission to enhance the economic well-being of its people and to produce a healthy, secure environment for life, work, and recreation.

DDSN currently serves over 27,300 persons with mental retardation and related disabilities, autism, head or spinal cord injuries. Over 80% of these individuals live at home, most with their families. The remaining individuals have needs which cannot be met at home and which require services provided in community residential settings or in one of the state-operated regional centers.

DDSN operates five regional centers that serve over 900 persons with the most severe disabilities. These individuals receive specialized training, supervision and health care 24 hours a day. The regional centers provide vital services for persons requiring that level of care.

Another 3,600 people receive 24-hour residential care in community settings. DDSN also provides community day and employment services, early intervention services, respite and other family supports, service coordination and various specialized services like physical therapy, occupational therapy and psychological services. Most of these services are contracted through local disabilities boards and private providers.

Services are provided to both children and adults with disabilities. Based on the severity of the individual's needs, services are typically required throughout the person's life.

The development and provision of services are guided by values which include health, safety, and well-being of each person; dignity and respect; and consumer/family participation and choice. The range of services reflects a person-centered approach and accountability is measured by quality assurance activities, outcomes, and consumer satisfaction.

### **C. Summary Description of Strategic or Long-Term Goals:**

The Department of Disabilities and Special Needs' strategic planning is guided by direction from the Governor and the General Assembly, and by our customers' needs and preferences and how they want to be served. It also reflects the Department's responsiveness to national trends, to advocates who promote best practices and to citizens who require sound stewardship of their tax dollars. This framework guides agency policy and actions in terms of how we organize, fund and evaluate services and outcomes.

#### **Consumer Driven Approach**

DDSN continues to shift its system of services to one which is more consumer-centered than program-centered. Individuals we serve and their families get to choose services and providers. Funding has changed from expense-based rates to a capitated model that offers incentives for service providers to increase efficiencies and enhance consumers' satisfaction. Accountability systems are being redesigned from process evaluations to outcome evaluations while still ensuring compliance with health and safety measures. Consumer satisfaction is the benchmark, the true impact of services on individuals and families.

The new approach gives consumers and families the power to use the resources allocated to them in ways that make sense in their lives. They set goals and develop a plan that identifies the services they need and who will provide these services. The plan builds on an individual's strengths, interests and talents, and it targets assistance to achieve specific results in the person's life.

#### **Maximizing Services and Resources**

The Department of Disabilities and Special Needs has changed from an agency that replaces the family to an agency that supports the family. Family support services keep families together, promote independence and self-sufficiency and prevent or delay expensive out-of-home residential placements. DDSN has aggressively used Medicaid waivers to develop a flexible system of in-home supports and to expand their availability. South Carolina was the first state to be approved for a head and spinal cord injury Medicaid Waiver.

According to "The South Carolina Medicaid Study" issued October 1, 2001, by the Budget and Control Board's Office of Economic Research, during the years 1995 to 1999 DDSN's average cost per person decreased for Medicaid eligible individuals who were served by DDSN, even after adjusting for inflation. In addition, DDSN's Medicaid FFP reimbursements as a percentage of total expenses went from 68% to 78% during the same time period due to efforts at reducing the cost to the state while allowing more cost to be covered with federal participation.

The Department of Disabilities and Special Needs continues to move from relying solely on large state-operated programs in the past to more locally operated private and local board programs. This planned, gradual shift toward increased community-based services has made the department more efficient and reflects a more modern approach to services that is better for people with disabilities.

#### **Key Strategic Goals**

1. Improve the quality and range of supports and services that are responsive to the needs of individuals and families.

- a. Address critical needs of new persons in crisis situations.
- b. Provide services to persons on waiting lists.
- c. Serve new persons who become eligible.
- d. Allow consumers to choose the services they need from providers they prefer using individually defined resource limits.
- e. Continue to move individuals from regional centers who choose community alternatives consistent with the Olmstead Decision and using a budget neutral method.
- f. Continue to maximize Medicaid by shifting service dollars to local operations.
- g. Continue to partner with other agencies to avoid duplication and to share resources as appropriate.

2. Increase accountability to all citizens of South Carolina.

- a. Continue implementation of a performance measurement system linked to customer satisfaction and achievement of consumers' outcomes.
- b. Enhance quality assurance and quality improvement initiatives and maintain compliance with federal standards.
- c. Minimize the occurrence and reduce the severity of disabilities through primary and secondary prevention initiatives.

(See FY 2004-05 Annual Accountability Report Section I Pages 1-4.)

*Contribution of the FY 2007-2008 Budget Plan to the Mission*

DDSN's budget plan for FY 2007-2008 contributes to its mission and is consistent with the agency's goals in several ways. It reflects the state's need to maintain currently needed services and to respond to its most vulnerable citizens when they require residential placement or other supports necessary to maintain the individuals in their own or their families' homes.

This budget plan addresses the need to maintain recurring services which are covering ongoing needs of persons with disabilities which were funded in FY 2006-2007 with non-recurring Supplemental Appropriations. These services are needed by these individuals and families on an ongoing basis, not just one year. This fact was known when the funding for the recurring services was funded with onetime funding.

DDSN's budget plan reflects the state's need to prevent expensive out-of-home placements and keep families together by utilizing family support services to maintain 1,250 individuals in their own homes. This also addresses the U.S. Supreme Court's Olmstead decision that the state work to avoid requiring individuals to move from their own homes in order to receive needed services. This minimizes the increase in critical need residential situations and allows the department to serve the greatest number of people possible in the least expensive alternative.

Each year more babies are born with severe birth defects and more adults survive accidents that leave them with severe brain or spinal cord injuries. Advances in science and modern medicine save lives but also add a growing number of children and adults who need services for the rest of their lives. DDSN now receives almost 400 new requests for eligibility determination per month from new people. Turnover is very limited in the service system as severe disabilities are lifelong and many individuals are waiting for services they need.

The plan also addresses the need for special intensive therapies by children with a diagnosis of Pervasive Developmental Disorder which include Autism and Asperger's Syndrome. It is estimated that funding will be needed to expand Early Intensive Behavior Treatment from a Medicaid Waiver pilot project to a fully operational waiver. Trained professionals coordinate, implement, and oversee the program for the purposes of skill development in the areas of cognition, behavior, communication, and social interaction for these children. Early intervention treatment at as young an age as possible is key to helping children with autism and similar conditions reach their potential in life.

In addition, the timing is right for the state to invest capital for the construction of the South Carolina Center for the Treatment of Genetic Diseases. The Center will allow the timely development of the necessary expertise and infrastructure to position South Carolina to take fullest possible advantage of emerging treatments to cure and prevent mental retardation, autism, and related disabilities. Today there are new opportunities to work with the families of newborns to provide curative treatment for conditions that, if left untreated, will result in severe life-long disabilities. Other new treatments will be developed over time. The goal of the treatment center is to promote normal development and prevent mental retardation and other developmental disabilities.

D.

Summary of Operating Budget Priorities for FY 2007-08		FUNDING					FTEs			
		State Non-Recurring	State Recurring	Federal	Other	Total	State	Fed.	Other	Total
Priority No: 1	Title: Annualization of Recurring Services Funded with Supplemental Appropriations		\$ 11,400,000		\$ 18,423,000	\$ 29,823,000	0	0	0	0
Strategic Goal No. Referenced in Item C Above (if applicable): 1 and 2 Activity: (1027,1029,1030) Comm. Training Homes; (1016) Other Family Support; (1018,1024) Waiver; (1019,1022,1025) Family Support; 1020) Adult Supported Employment										
Priority No: 2	Title: Crisis Prevention: Individual & Family Supports		\$ 5,038,000		\$ 6,887,000	\$ 11,925,000	0	0	0	0
Strategic Goal No. Referenced in Item C Above (if applicable): 1 and 2 Activity: (1016)Other Family Support (1018,1024)Waiver;(1019,1025) Family Support;(1020) Adult Supported Employment										
Priority No: 3	Title: Pervasive Developmental Disorder Waiver		\$ 4,500,000		\$3,244,000	\$ 7,744,000	0	0	0	0
Strategic Goal No. Referenced in Item C Above (if applicable): 1 and 2 Activity: (1022) Family Support										
<b>TOTAL OF ALL PRIORITIES</b>			\$ 20,938,000		\$ 28,554,000	\$ 49,492,000	0	0	0	0

**E. Agency Recurring Base Appropriation:**

State	\$162,460,387
Federal	\$ 774,437
Other	\$321,796,557

**F. Efficiency Measures:**

Cost Avoidance: Maximizing Community Services

The number of persons served in the state-operated regional centers has continued to decline as the number of community options has increased. While a needed and vital service for some individuals, the centers are also DDSN's most expensive service. Since 1994, using a "money follows the individual" formula, \$53 million has been shifted to the local community programs and 1,762 DDSN FTEs have been reduced. In addition, the agency has privatized supply warehousing, laundry, printing services, pharmacy services, quality assurance, some medical and food services, vehicle maintenance, garbage services, and mainframe computing resulting in savings and the reduction of additional FTE's while generally improving quality. These are examples of where DDSN has redirected its resources to more efficiently meet the needs of its consumers.

Maximizing Human Resources

The FY 1997-98 Appropriations Act included a DDSN Proviso for Retargeting Resources/FTE Reduction. This proviso gave DDSN the authority to develop a plan to retarget resources, realign its workforce and continue to provide services in the most appropriate settings. DDSN was given the authority to offer a special separation benefit package so as to align its human resource needs with the operational needs for now and in the future. This was the state's first Voluntary Separation Program (VSP).

The result is that 228 employees costing \$9.1 million in salary and fringes applied and were approved for the separation benefit during the three times it has been offered since 1998. The FTEs have been deleted and the funds have been partially shifted to the local disabilities boards to continue funding residential services for individuals moving from the regional centers to the community and partially utilized to absorb the budget reductions. The individuals who moved to the community live in more home-like settings closer to their families. In the past, DDSN requested funds from the legislature each year to fund the movement of these individuals. By utilizing the VSP, DDSN was able to reduce middle management and other support positions no longer needed due to changes in service delivery. The agency and the people we serve and their families are still benefiting from this realignment today. DDSN is more efficient, the money is where the needs are, and the people are where they want or need to be served.

Reducing Administration

During the last nine years DDSN's Administration FTEs were reduced by over 20% through the Voluntary Separation Program, attrition, and reductions in force. Central Office administration cost has decreased from 2.8% of the Department's budget in FY 90-91 to less than 2% in FY 05-06 even though there has been an increase in the need for services, an increase in the number of people served and an increased scope of services. Like all other state agencies' county entities, DDSN's local boards do have administrative costs



necessary to carrying out services; however these costs are relatively low just as DDSN's are due to the funding system which covers the cost of these services.

Administrative savings have been reallocated in the earlier years to in-home family support and residential services thereby reducing the need for additional State dollars then and more recently to the state's budget reductions during the last several years.

Management of State Budget Reductions

DDSN implemented an updated Service Management and Permanent Budget Reduction plan beginning in FY 2003 to absorb the additional State fund reduction and the resulting Medicaid fund reductions. The plan minimized administrative costs and maximized dollars to maintain current service levels to all persons receiving services while preparing to respond to new critical care life and death situations that arose during the year. Actions started in FY 2001 continued, such as freezing non-direct care positions, severely restricting critical placements of individuals and reducing administration. The agency downsized, restructured and eliminated positions in administration, mid-level management and field personnel. Regional functions were streamlined, other responsibilities and functions previously regionalized were centralized. Savings were realized from 193 employees terminating employment through the VSP or the RIFs, 286 positions being deleted, and 268 FTEs remaining unfilled. DDSN's payroll decreased a total of \$5.4 million. These cumulative efforts resulted in the agency's ability to absorb the funding reductions while still maintaining ongoing services to everyone receiving them.

(See FY 2004-05 Annual Accountability Report Section I Page 2; and Section III Category 6 Process Management Pages 25-26, Category 7: Business Results Pages 27-45)

G.

Summary of Capital Budget Priorities:			Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Priority No.: 1	Project Name: SC Center for the Treatment of Genetic Diseases Activity Number & Name: 1012 Greenwood Genetic Center	Project No*:	\$7,000,000	0	\$3,701,750	\$10,701,750
Priority No.:	Project Name: Activity Number & Name:	Project No*:	0	0	0	\$ 0
Priority No.:	Project Name: Activity Number & Name:	Project No*:	0	0	0	\$ 0
TOTAL OF ALL CAPITAL BUDGET PRIORITIES			\$7,000,000	\$ 0	\$3,701,750	\$10,701,750

\* If applicable

H. Number of Proviso Changes: One.

**I. Signature:**

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Stan Butkus, Ph.D.  
State Director

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## **II. DETAILED JUSTIFICATION FOR FY 2007-08 OPERATING BUDGET PRIORITIES**

### **A. Section 11/J16/Department of Disabilities and Special Needs**

### **B. Priority No. 1 of 3**

### **C. (1) Title: Annualization of Recurring Services Funded with Supplemental Appropriations**

**(2) Summary Description:** This request is to annualize with recurring State dollars the non-recurring funding provided DDSN in the FY 2006-2007 Appropriations Act. DDSN received non-recurring funding to provide needed services to individuals and families. Once authorized, the services become recurring expenses. These non-recurring dollars funded 130 residential waiting list beds costing \$2,400,000 in State matching funds for individuals with mental retardation, autism, and head or spinal cord injuries on a priority waiting list for these services. These onetime funds also authorized crisis prevention in-home support services costing \$6,000,000 for 1,500 consumers with severe disabilities and their families necessary to prevent expensive out-of-home residential placements. An additional \$3,000,000 was designated for a Medicaid waiver which will treat over 150 children diagnosed with a pervasive developmental disorder under the age of 12 utilizing Early Intensive Behavior Intervention which is based on the child's strengths and challenges and the need for a structured, individualized curriculum. Since the need for all of these services funded with the Supplemental Appropriations are recurring, there is a corresponding need to annualize the funding so that they may continue.

**(3) Strategic Goal/Action Plan (if applicable):** (See FY 2004-05 Annual Accountability Report Section 1 Page 4 Key Strategic Goals 1 and 2; Page 5 Barriers)

**D. Budget Program Number and Name:** II.B Mental Retardation Family Support Program  
II.C Autism Family Support Program  
II.D Head & Spinal Cord Injury Family Support Program  
II.E Mental Retardation Community Residential Program  
II.F Autism Community Residential Program  
II.G Head & Spinal Cord Injury Community Residential Program

**E. Agency Activity Number and Name:** 1016 Other Family Support  
1018 Waiver Services  
1019 Respite/Family Support Stipends  
1020 Adult Development and Supported Employment  
1022 Autism Family Support  
1024 Head and Spinal Cord Injury Waiver Services  
1025 Head and Spinal Cord Injury Family Support  
1027 Mental Retardation Community Training Homes  
1029 Autism Community Training Homes  
1030 Head and Spinal Cord Injury Community Training Homes

## **F. Detailed Justification for Funding**

### **(1) Justification for Funding Increase:**

Funding is required to annualize with recurring State dollars the non-recurring Supplemental Appropriations funded in the FY 2006-2007 Appropriations Act. The services these individuals and their families need are ongoing even though the current funding is not. Once someone is authorized to receive these necessary ongoing services there is really no way to “go back” and legitimately take the services away. Unlike most other agencies, once a person becomes a consumer of this department it is usually for the rest of their life since people with disabilities live relatively normal life spans and their need for services does not go away.

Of these non-recurring funds, \$2,400,000 has been used to authorize the development and operation of community homes and residential alternatives to serve 130 individuals with mental retardation, autism, and head or spinal cord injuries on residential waiting lists. These residential placements provide a safe environment for consumers with severe disabilities who have been living with an aging caregiver typically over the age of 65, or who have been on the residential waiting list longer than appropriate for their individual situations. It is only when these individuals should no longer be living with their aging caregiver, or in-home supports are not enough, that cost-efficient community residential options are used which provide family-like arrangements for individuals in their home communities supported by the required supervision and training.

Most of these residential placements are utilizing the Community Training Home model. This model serves one to four individuals in an existing home or in a home developed and staffed by community providers and is significantly less expensive/more cost effective than the regional center model. In these small, family-like home settings, individuals receive the basic needs of food, shelter, health and safety, as well as appropriate work and social supports. Once someone begins receiving residential services, it is not practical or possible in most cases to expect that they can be returned home.

There is \$6,000,000 being used to authorize crisis prevention in-home support services for 1,500 consumers with severe disabilities and their families necessary to help prevent out-of-home placements. When delivered in time, family support is the cornerstone to keeping families together and minimizing expensive out-of-home residential placements. This funding has focused on in-home family support services for individuals and families now on the waiting lists for out-of-home placement, day supports, and at home supports provided through the two specialized disability Medicaid Waivers. Many of these individuals have complex medical problems in addition to their severe disability, and require intensive care by their families. It is expected that with in-home support services being available, many families will be able to cope with the everyday struggle of caring for a son or daughter with severe disabilities and will not require expensive out-of-home placement. This in turn prevents crisis situations and reduces the need for large increases in state dollars to provide more expensive out-of-home placements for individuals with severely handicapping conditions.

These support services include personal care aids and attendants, day and employment supports, respite and stipend services, home modifications/specialized equipment, therapies, and ancillary services, as well as other services.

In the long run, family support services when compared to out-of-home placement saves the state at least \$1 million for each individual with disabilities over that individual's lifetime. The average annual total cost for out-of-home placement per individual ranges from \$21,000 to \$110,000 depending upon the level of care required. The average annual cost for family support services is generally \$5,000 to \$15,000 per individual, which is a significant reduction in the costs compared to out-of-home placement.

Most importantly, these in-home family support services prevent the breakup of families and they prevent the development of crisis situations and the resulting out-of-home placements. These services promote family unity and responsibility and provide a higher quality of life from living at home rather than living in a group home, institution, nursing home or other setting. And of course once an individual and their family begin receiving these support services, it really is not possible to remove the needed services without negative, more costly consequences to stability and capacity to keep the family member at home.

In addition, \$3,000,000 of non-recurring funding was designated for a new pilot Medicaid Waiver to treat 150 children diagnosed with a Pervasive Developmental Disorder under the age of twelve. The Early Intensive Behavior Intervention services will consist of an assessment and behaviorally oriented treatment for each child provided through the Pervasive Developmental Disorder Waiver. The services are based on an individual child's strengths and challenges and their need for a structured, individualized curriculum. Trained professionals will coordinate, implement, and oversee the program for the purposes of skill development in the areas of cognition, behavior, communication, and social interaction that are central to Autism and Asperger's Syndrome. These intervention services are provided with the intent to improve the health, welfare, and effective functioning of the children in their homes and communities. It is expected that approximately 40 percent of the children will not be Medicaid eligible. This has been factored into the pilot waiver so that all children will receive like services regardless of their Medicaid eligibility. As for the services funded above with non-recurring dollars, once a new waiver is started and children enrolled, there would be a tremendous burden placed on these families of children with significantly difficult behavioral disabilities if these services were removed after the first year.

Costs for this request are summarized below:

	<u>Basis for Estimate</u>	<u>Total Cost</u>	<u>State Share</u>
1. Residential Waiting List	130 consumers @ \$60,600	\$ 7,878,000	\$ 2,400,000
2. Crisis Prevention	1,500 consumers @ \$11,110	16,665,000	6,000,000
3. Pervasive Developmental Disorder Pilot Waiver	150 children @ \$35,200	5,280,000	3,000,000
Total Cost		\$ <u>29,823,000</u>	\$ <u>11,400,000</u>

Note: This request is funded through Medicaid.

The \$11,400,000 requested includes all operating costs. All services would be contracted with local providers. No FTE's are required.

Unless this funding is annualized, up to 1,780 individuals who are currently receiving a needed recurring service during this fiscal year will no longer have the funding to maintain that service. In order for the department to attempt to maintain these services without the funding, DDSN would have to reduce other State funded services. There would be no way to cover these recurring costs without reducing services to someone else who currently receives services.

As directed over many years by Governors' administrations and the General Assembly, DDSN has pursued an aggressive effort to have as many of the agency's services as possible covered by the federal government through Medicaid reimbursements. This has meant a reduced cost to the state to provide services to persons with severe lifelong disabilities. Most of the services DDSN provides have some cost expensed to Medicaid. It is these efforts to reduce the cost to the state that allow the federal participation to cover almost 70% of many of the expenses needed in this request. However, these Medicaid services are specialized and are not part of the mandatory Medicaid State Plan entitlement program. This means that the number of individuals served is limited and the amount of dollars spent are controlled through the state's budget process and that they do not affect the cost of services to the general Medicaid program of the state.

In addition, DDSN has aggressively shifted resources over the past few years in order to meet the priorities of the agency without additional funding. During the twelve year period 1994 through 2006, DDSN shifted \$53 million in services from large state-operated facilities to locally operated disabilities boards and other providers as community alternatives were developed. This resulted in the reduction of over 1,762 FTE's during the same period. The agency has privatized supply warehousing, laundry, printing services, pharmacy services, quality assurance, some medical and food services, vehicle maintenance, garbage services and mainframe computing resulting in savings and the reduction of additional FTE's while generally improving quality. During the last eight years DDSN's Central Office administration has been minimized to less than two percent. These savings were reallocated to the highest priorities of the agency or were utilized to manage budget reductions so as to minimize negative impact to service delivery.

DDSN persists in making every effort to shift available resources to prevention and family support services and to avoid unnecessary expensive out-of-home placements. The agency's focus continues to be on supporting families rather than replacing them. This approach is considered to be a best practice in the field while saving the state a significant amount of money. DDSN works each year to reduce the cost of serving people with severe disabilities who need services by emphasizing family support and primary prevention activities and by reserving out-of-home residential placements only for those individuals with the most critical needs. The agency has already redirected resources to help serve individuals and families and maximized federal reimbursements so that now there are no other resources available within the agency to fund this request.

(2)

<b>FY 2007-08 Cost Estimates:</b>	<b>State Non-Recurring Funds</b>	<b>State Recurring Funds</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
Personnel:					
(a) Number of FTEs*		0		0	0
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0
Program/Case Services		\$11,400,000		\$ 18,423,000	\$29,823,000
Pass-Through Funds					\$ 0
Other Operating Expenses					\$ 0
<b>Total</b>	<b>\$ 0</b>	<b>\$11,400,000</b>		<b>\$ 18,423,000</b>	<b>\$29,823,000</b>
<i>* If new FTE positions are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					

**(3) Base Appropriation:**

State	\$ 99,501,882
Federal	\$ 627,065
Other	\$269,664,910

**(4) Is this priority associated with a Capital Budget Priority?** No. If so, state Capital Budget Priority Number and Project Name:

\_\_\_\_\_.

## **II. DETAILED JUSTIFICATION FOR FY 2007-08 OPERATING BUDGET PRIORITIES**

### **A. Section 11/J16/Department of Disabilities and Special Needs**

### **B. Priority No. 2 of 3**

### **C. (1) Title: Crisis Prevention: Individual & Family Supports**

**(2) Summary Description:** This request is to prevent unnecessary and expensive out-of-home placements as stated in DDSN's first and second strategic goals by serving 1,250 individuals with severe disabilities with the supports necessary to maintain them in their own homes. Family support services prevent the break-up of families and reduce the number of crisis situations and their resulting out-of-home placements. This request includes individuals currently on waiting lists for services as well as the expected growth of these lists based on current demand. Without additional funding there will be 1,120 individuals awaiting specialized disability Medicaid Waiver services alone and 820 awaiting day supports at the end of FY 2006-07. This is in addition to the 1,400 individuals awaiting residential services. The Olmstead U.S. Supreme Court decision requires that waiting lists for individuals with developmental disabilities move at a reasonable pace. When this does not happen, the national trend is litigation through the courts. Support services include personal care aids and attendants, day and employment supports, respite, summer services, individual rehabilitation support services, home modifications/specialized equipment, therapies, and ancillary services, as well as other services. Not funding this request will increase the already large residential waiting list and will create further pressure to fund additional residential placements which are much more expensive. Funding this request may be the difference between supporting families and individuals versus replacing families and providing expensive total care.

**(3) Strategic Goal/Action Plan (if applicable):** (See FY 2004-05 Annual Accountability Report Section 1 Page 4 Key Strategic Goals 1 and 2; Page 5 Barriers)

**D. Budget Program Number and Name:** II.B Mental Retardation Family Support Program  
II.C Autism Family Support Program  
II.D Head & Spinal Cord Injury Family Support Program

**E. Agency Activity Number and Name:** 1016 Other Family Support  
1018 Waiver Services  
1019 Respite/Family Support Stipends  
1020 Adult Development and Supported Employment  
1022 Autism Family Support  
1024 Head and Spinal Cord Injury Waiver Services  
1025 Head and Spinal Cord Injury Family Support



## **F. Detailed Justification for Funding:**

### **(1) Justification for Funding Increase:**

This request is to prevent unnecessary and expensive out-of-home placements by serving people with severe disabilities in their homes. It represents DDSN's ongoing effort to promote individual and family independence and responsibility by supporting individuals and families rather than replacing families. This request responds to the individuals currently on waiting lists for services as well as the expected growth of these lists based on current demand. On average, individual and family support services such as attendants, employment, or respite services cost less than one half the least expensive out-of-home placement options. Often these services are the difference between helping the family with supports versus replacing the family with a more expensive out-of-home placement. Supports strengthen the family and allow family caregivers to remain employed. Supports also allow people with disabilities to earn money and often persons with physical disabilities can live independently or with limited assistance.

This approach represents the use of effective best practice principles within the disability service delivery system. To minimize costs, DDSN has been shifting away from expensive out-of-home residential care to less expensive in-home family support. The first priority for the funding will be to create support services for individuals and families to reduce the likelihood that a crisis situation will develop. This request will support all three divisions within DDSN. The Mental Retardation and Autism Divisions will have 1,400 individuals at home on a residential services waiting list as of June 30, 2007. There will be 900 individuals on the waiting list for the Mental Retardation Medicaid Waiver for at home supports. Another 820 individuals living at home will be awaiting day or employment supports which allow family members to remain employed. The Head and Spinal Cord Injury Division will have over 220 individuals living at home waiting to receive additional services through the Head and Spinal Cord Injury Medicaid Waiver. Individuals awaiting the two specialized disability Medicaid Waivers continues to outpace the turnover in these waivers. It is projected that the numbers waiting to receive these waivers will be 1,430 before the end of FY 2007-08, a growth of another 310 individuals with no possibility of receiving needed services without additional funding.

This request will provide individual and family support funding for 950 individuals who will be awaiting services from the Mental Retardation and Autism Divisions and 300 individuals who will be awaiting services from the Head and Spinal Cord Injury Division. Each year more individuals are born with severe birth defects or survive accidents that leave them with severe head and/or spinal cord injuries. Advances in science and modern medicine save lives but it also adds a growing group of children and adults who need services for the rest of their lives. And of course the continued growth in the state's population just adds to the demand for services. Each month DDSN receives almost 400 new requests for eligibility and services. In addition to more new people, some of the thousands of individuals with severe lifelong disabilities currently being served will have a significant change in their physical condition or living circumstances that will require additional support services for them to continue living in their own homes or with family members.

This request has the following eight major program components designed to help individuals with autism, mental retardation and related disabilities, head or spinal cord injuries live at home: (1) personal care aids/attendant services, (2) day/employment supports, (3) respite and stipend services, (4) summer services, (5) individual rehabilitation supports, (6) environmental modifications and assistive technology, (7) therapies, and (8) ancillary services. These supports will typically be provided through contracts with local disabilities boards. No FTE's are required. The local disabilities boards will in turn arrange for services or contract with appropriate professionals and private provider agencies. Individuals served may receive more than one service. The majority of these services will be funded through the Medicaid program.

Personal care aids/attendant services include special assistance to individuals in their homes with basic eating, bathing, dressing, cooking, housekeeping, and other essential activities of daily living. DDSN and local providers will coordinate to deliver these services to 400 consumers. This is the most important support for individuals with severe physical disabilities such as spinal cord injuries because personal care services allow them to be independent and continue working.

Day and employment services train and supervise individuals in the skills and knowledge required for different levels of employment or provides a structured activity program due to disability or age limitations. Some individuals will be provided individualized supported employment at their own work site while others will be provided group employment in enclaves at various business and factory work sites or work activity centers. Day and employment services are critical components to enabling families to care for individuals with autism, mental retardation and related disabilities, and survivors of head injuries or spinal cord injuries in their homes. Many families must continue to work outside the home. For them, a day or employment service for their disabled family member is often the difference between the state only helping the family versus the state having to provide total care with a residential placement. This request will provide employment services for 300 individuals.

One of the most critical in-home services to families is respite and stipend services. At the recommendation of locally based service coordinators, funds are provided to purchase respite and stipend services to offer temporary care and funding for the families due to emergencies, personal situations, or the need to take a break from full-time care of their family member with a disability. Respite care may be provided in an individual's own home or someone else's home. This funding will cover the cost of purchasing respite and stipend services through the local providers. DDSN is requesting funding for 800 individuals.

Summer services are offered to families with children with disabilities and are especially designed to care for persons who: (1) attend public schools and/or (2) whose parents are working and have no extended family or other caregivers available during summer work hours. These services include camps, day care, and individualized supports tailored to the individual. This request will provide summer services to 400 individuals and their families.

Individual rehabilitation support services are interventions designed for each person to develop an enhanced capacity for independence, self-direction, and participation in community activities. Supports include interventions intended to develop or restore functional abilities, personal identity, and responsibility. The services are planned and coordinated by a trained professional hired by the local disabilities boards who utilize their own staff or contract providers to actually carry out the supports. This funding would support 125 individuals with disabilities in their own communities and homes.

Basic environmental modifications planned for 150 people would include a variety of physical adaptations to ensure the health, safety, and mobility of individuals. Based on individual plans of care, modifications would include installing ramps, widening hallways and doorways, and installing special plumbing systems. This request would also fund assistive technology devices for 175 people based on individual abilities and needs. The devices would include switches, controls, or appliances that permit people to live as independently as possible.

Therapy services, available to people receiving residential services, are also needed by many individuals residing at home. These services are needed to ensure adequate development of the individuals and to provide needed training and guidance to their families. This request will provide the following services based on need to 250 individuals if it is funded: physical therapy, occupational therapy, speech therapy, psychological services, and audiology services.

Ancillary services are needed to serve 400 individuals who will require prescriptions and supplies necessary to maintain the individuals at home and prevent expensive out-of-home residential care.

Costs for this request are summarized below:

	<u>Basis for Estimate</u>	<u>Total Cost</u>	<u>State Share</u>
1. Personal Care / Attendants	400 consumers @ \$10,000	\$ 4,000,000	\$ 1,217,000
2. Day / Employment Services	300 consumers @ \$8,500	2,550,000	1,020,000
3. Respite/Stipend Services	800 consumers @ \$2,000	1,600,000	1,183,000
4. Summer Services	400 consumers @ \$500	200,000	200,000
5. Individual Rehabilitation Supports	125 consumers @ \$10,000	1,250,000	554,000
6. Env. Modification & Assistive Tech. Devices	325 consumers @ \$5,000	1,625,000	581,000
7. Therapy Services	250 consumers @ \$2,000	500,000	222,000
8. Ancillary Services	400 consumers @ \$500	200,000	61,000
Total Cost		\$ <u>11,925,000</u>	\$ <u>5,038,000</u>

Note: This request is funded through Medicaid.

The \$5,038,000 requested includes all operating costs. All services would be contracted with local providers. No FTE's are required.

When delivered in time, family support is the cornerstone to keeping families together and minimizing expensive out-of-home residential placements. This request is designed to focus on in-home family support services for individuals and families now on the waiting lists for out-of-home placement, day supports, and at home supports provided through the two specialized disability Medicaid Waivers. Many of these individuals who will receive services have complex medical problems in addition to their severe disability, and require intensive care by their families. It is expected that with in-home support services being available, many families will be able to cope with the everyday struggle of caring for a son or daughter with severe disabilities and will not require expensive out-of-home placement. This in turn prevents crisis situations and reduces the need for large increases in state dollars to provide more expensive out-of-home placements for individuals with severely handicapping conditions.

In the long run, family support services when compared to out-of-home placement can save the state at least \$1 million for each individual with disabilities over that individual's lifetime. The average annual total cost for out-of-home placement per individual ranges from \$21,000 to \$110,000 depending upon the level of care required. The average annual cost for family support services would generally be \$5,000 to \$15,000 per individual, which would be a significant reduction in the costs for out-of-home placement. In addition, preventing inappropriate nursing home placements means savings for the state. At least ten elderly persons can be served by the same nursing home bed over the same time span as only one young person with a disability because that person with severe disabilities would occupy that bed for decades.

Without additional funding there will be 1,120 individuals awaiting Medicaid Waiver services alone and another 820 waiting day supports. In addition, not funding this request will further increase the growing residential waiting list which will be 1,400 individuals at the end of this fiscal year and will create further pressure to fund additional residential placements. Assisting individuals in their own homes may

also help prevent lawsuits that are likely to arise from the new requirement for states to expand community options to be in compliance with the U.S. Supreme Court Olmstead decision that waiting lists for individuals with developmental disabilities move at a reasonable pace.

Immediate cost savings result from supporting families versus providing total care. More importantly, family support services prevent the breakup of families and they prevent the development of crisis situations and the resulting out-of-home placement. Family support services promote family unity and responsibility and provide a higher quality of life from living at home rather than living in a group home, institution, nursing home or other setting.

Since DDSN has had this as a high priority, the agency has been redirecting funding to individual and family supports due to its cost effectiveness and demand by consumers.

As directed over many years by Governors' administrations and the General Assembly, DDSN has pursued an aggressive effort to have as many of the agency's services as possible covered by the federal government through Medicaid reimbursements. This has meant a reduced cost to the state to provide services to persons with severe lifelong disabilities. Most of the services DDSN provides have some cost expensed to Medicaid. It is these efforts to reduce the cost to the state that allow the federal participation to cover almost 70% of many of the expenses needed in this request. However, these Medicaid services are specialized and are not part of the mandatory Medicaid State Plan entitlement program. This means that the number of individuals served is limited and the amount of dollars spent are controlled through the state's budget process and that they do not affect the cost of services to the general Medicaid program of the state.

In addition, DDSN has aggressively shifted resources over the past few years in order to meet the priorities of the agency without additional funding. During the twelve year period 1994 through 2006, DDSN shifted \$53 million in services from large state-operated facilities to locally operated disabilities boards and other providers as community alternatives were developed. This resulted in the reduction of over 1,762 FTE's during the same period. The agency has privatized supply warehousing, laundry, printing services, pharmacy services, quality assurance, some medical and food services, vehicle maintenance, garbage services and mainframe computing resulting in savings and the reduction of additional FTE's while generally improving quality. During the last eight years DDSN's Central Office administration has been minimized to less than two percent. These savings were reallocated to the highest priorities of the agency or were utilized to manage budget reductions so as to minimize negative impact to service delivery.

DDSN persists in making every effort to shift available resources to prevention and family support services and to avoid unnecessary expensive out-of-home placements. The agency's focus continues to be on supporting families rather than replacing them. This approach is considered to be a best practice in the field while saving the state a significant amount of money. DDSN works each year to reduce the cost of serving people with severe disabilities who need services by emphasizing family support and primary prevention activities and by reserving out-of-home residential placements only for those individuals with the most critical needs. The agency has already redirected resources to help serve individuals and families and maximized federal reimbursements so that now there are no other resources available within the agency to fund this request.

(2)

<b>FY 2007-08 Cost Estimates:</b>	<b>State Non-Recurring Funds</b>	<b>State Recurring Funds</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
Personnel:					
(a) Number of FTEs*		0		0	0
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0
Program/Case Services		\$5,038,000		\$ 6,887,000	\$11,925,000
Pass-Through Funds					\$ 0
Other Operating Expenses					\$ 0
<b>Total</b>	<b>\$ 0</b>	<b>\$5,038,000</b>		<b>\$ 6,887,000</b>	<b>\$11,925,000</b>
<i>* If new FTE positions are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					

**(3) Base Appropriation:**

State	\$ 44,176,394
Federal	\$ 426,000
Other	\$108,434,116

**(4) Is this priority associated with a Capital Budget Priority? No. If so, state Capital Budget Priority Number and Project Name:**

\_\_\_\_\_.

## **II. DETAILED JUSTIFICATION FOR FY 2007-08 OPERATING BUDGET PRIORITIES**

### **A. Section 11/J16/Department of Disabilities and Special Needs**

### **B. Priority No. 3 of 3**

### **C. (1) Title: Pervasive Developmental Disorder Waiver**

**(2) Summary Description:** This request is to provide the expected funding required, based on current estimates, for the state to expand Early Intensive Behavior Intervention Treatment from a Medicaid Waiver pilot project funded in FY 2006-07 to a fully operational waiver for children with a diagnosis of Pervasive Developmental Disorder to include Autism and Asperger's Syndrome. Early intervention treatment at as young an age as possible is key to helping these children reach their potential in life. These intervention services consist of an assessment and behaviorally oriented treatment for each child provided through the waiver. The services are based on an individual child's strengths and challenges and their need for a structured, individualized curriculum. Trained professionals will coordinate, implement, and oversee the program for the purposes of skill development in the areas of cognition, behavior, communication, and social interaction that are central to Autism and Asperger's Syndrome. The pilot funds 150 children with this disorder. This funding will provide the necessary dollars to add another 220 children statewide who need the services.

**(3) Strategic Goal/Action Plan (if applicable):** (See FY 2004-05 Annual Accountability Report Section 1 Page 4 Key Strategic Goals 1 and 2; Page 5 Barriers)

### **D. Budget Program Number and Name: II.C Autism Family Support**

### **E. Agency Activity Number and Name: 1022 Autism Family Support**

### **F. Detailed Justification for Funding:**

#### **(1) Justification for Funding Increase:**

This request is to provide the necessary funding estimated to operationally move the Pervasive Developmental Disorder Medicaid Waiver funded in FY 2006-07 from a pilot to a fully operational waiver for children with a diagnosis of Pervasive Developmental Disorder (PDD) to include Autism and Asperger's Syndrome. Through this Medicaid waiver, children under the age of twelve with this diagnosis receive Early Intensive Behavior Intervention Treatments. This funding will add 220 children statewide needing these treatments to the 150 funded in the pilot. This request will provide treatment services to 370 children, approximately one-third of the total number of children with these disorders. Data utilized for preparation of this budget request came from MUSC, DHHS and Education. The data indicates the prevalence of pervasive developmental disorder in children in South Carolina, the number of these children receiving services from local school districts and Medicaid's participation in financing the school-based service.

The treatments systematically apply interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree. Socially significant behaviors include reading, social skills, communication, and adaptive living skills. Adaptive skills include gross and fine motor skills, eating and food preparation, toileting, personal self-care, and home and community orientation.

The services provided include functional behavior assessments and analyses, development of behavioral support plans, implementing interventions designed in the plans, training key persons to implement the interventions, monitoring effectiveness of the plans and modifying them as necessary and educating family and caregivers concerning strategies and techniques to assist the children in replacing inappropriate behaviors with appropriate ones.

Any treatment that is funded by the waiver must be directly related to an individual child's therapeutic goals. Services are limited to three years. Children must be at least three years of age and not older than eleven unless a variance is authorized. Providing the treatment at a young age is key to the learning process and will help the children with autism and similar conditions reach their potential in life. The annual cost of benefits currently cannot exceed \$50,000 per child and the average is expected to be \$35,200 per child. Typically, a child will receive between 20 to 30 hours of therapy per week.

For each child in the PDD waiver a lead therapist assesses the child and develops and monitors the intensive treatment plan based upon the child's individual needs. A senior therapist provides the ongoing supervision concerning implementing the plan and training line therapists. The line therapists actually implement the plan once it is developed. The family stays involved and follows through with developed activities. The therapeutic goals must be implemented on a face-to-face basis with the child.

These intensive early intervention services are provided with the intent to improve the health, welfare, and effective functioning of these children with pervasive developmental disorders in their homes and communities. It is expected that 40 percent of the children will not be Medicaid eligible; however, they will receive the same treatment and therapy as if they were so as to maximize their potential functioning in their homes and communities as well.

Costs for this request are summarized below:

	<u>Basis for Estimate</u>	<u>Total Cost</u>	<u>State Share</u>
Early Intensive Behavior Intervention Treatment	220 children @ \$35,200	\$ 7,744,000	\$ 4,500,000

Note: This request is funded through Medicaid.

The \$4,500,000 requested includes all operating costs. All services would be contracted with local providers. No FTE's are required.

These behavior intervention treatments are vital to many families struggling with the behaviors of their children with these disorders. These services become a family support to the child and the other members of the family. And in the long run, supporting families is more cost effective than the state providing total care. More importantly, family support services prevent the breakup of families and they prevent the development of crisis situations and the resulting out-of-home placement. Family support services promote family unity and responsibility and provide a higher quality of life from living at home rather than living in a group home, institution, nursing home or other setting. And of course children, regardless of their disabilities, should be able to be supported and remain at home with their parents as long as possible.

As directed over many years by Governors' administrations and the General Assembly, DDSN has pursued an aggressive effort to have as many of the agency's services as possible covered by the federal government through Medicaid reimbursements. This has meant a reduced cost to the state to provide services to persons with severe lifelong disabilities. Most of the services DDSN provides have some

cost expensed to Medicaid. It is these efforts to reduce the cost to the state that allow the federal participation to cover almost 70% of many of the expenses needed in this request. However, these Medicaid services are specialized and are not part of the mandatory Medicaid State Plan entitlement program. This means that the number of individuals served is limited and the amount of dollars spent are controlled and that they do not affect the cost of services to the general Medicaid program of the state.

In addition, DDSN has aggressively shifted resources over the past few years in order to meet the priorities of the agency without additional funding. During the twelve year period 1994 through 2006, DDSN shifted \$53 million in services from large state-operated facilities to locally operated disabilities boards and other providers as community alternatives were developed. This resulted in the reduction of over 1,762 FTE's during the same period. The agency has privatized supply warehousing, laundry, printing services, pharmacy services, quality assurance, some medical and food services, vehicle maintenance, garbage services and mainframe computing resulting in savings and the reduction of additional FTE's while generally improving quality. During the last eight years DDSN's Central Office administration has been minimized to less than two percent. These savings were reallocated to the highest priorities of the agency or were utilized to manage budget reductions so as to minimize negative impact to service delivery.

DDSN persists in making every effort to shift available resources to prevention and family support services and to avoid unnecessary expensive out-of-home placements. The agency continues to shift from replacing families to supporting families. This approach is considered to be a best practice in the field while saving the state a significant amount of money. DDSN works each year to reduce the cost of serving people with severe disabilities who need services by emphasizing family support and primary prevention activities and by reserving out-of-home residential placements only for those individuals with the most critical needs. The agency has already redirected resources to help serve individuals and families and maximized federal reimbursements so that now there are no other resources available within the agency to fund this request.

(2)

<b>FY 2007-08 Cost Estimates:</b>	<b>State Non-Recurring Funds</b>	<b>State Recurring Funds</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
Personnel:					
(a) Number of FTEs*		0		0	0
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0
Program/Case Services		\$4,500,000		\$ 3,244,000	\$7,744,000
Pass-Through Funds					\$ 0
Other Operating Expenses					\$ 0
<b>Total</b>	<b>\$ 0</b>	<b>\$4,500,000</b>		<b>\$ 3,244,000</b>	<b>\$7,744,000</b>
<i>* If new FTE positions are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					



**(3) Base Appropriation:**

State	\$ 678,724
Federal	\$ 55,000
Other	\$ 5,509,034

**(4) Is this priority associated with a Capital Budget Priority? No. If so, state Capital Budget Priority Number and Project Name:\_\_\_\_\_.**

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

**A. Section 11/J16/Department of Disabilities and Special Needs**

**B. Priority No. 1 of 1**

- C. Strategic Goal/Action Plan:** Increase accountability to all citizens of South Carolina by minimizing the occurrence and reducing the severity of disabilities through primary and secondary prevention initiatives.

(See FY 2004 – 2005 Annual Accountability Report Section 1 Page 4 Key Strategic Goal 2)

- D. Project Name and Number (if applicable):** South Carolina Center for the Treatment of Genetic Diseases

- E. Agency Activity Number and Name:** 1012 Greenwood Genetic Center

**F. Description of Priority:** This capital funding is requested for the construction of a center for treatment of genetic diseases on the campus of the Greenwood Genetic Center in Greenwood, South Carolina. The facility will be approximately 30,000 square feet and will house clinical evaluation and treatment rooms, laboratories, offices, and family support areas. Construction cost for the facility will be \$7,000,000. Total cost of the project to include equipment, architectural, engineering, land, and site work is estimated to be \$10,701,750. The remaining \$3,701,750 will be covered by commitments to the center by Sprint and the Greenwood Economic Alliance, The Duke Endowment, the Genetics Endowment of South Carolina, and DDSN. This center will allow the timely development of the necessary expertise and infrastructure to position South Carolina to take fullest possible advantage of emerging treatments to cure and prevent mental retardation, autism, and related disabilities.

**G. Detailed Justification for Funding**

**(1) Justification for Funding Priority:**

There are now new opportunities to work with the families of newborns to provide curative treatment for conditions that, if left untreated, would result in severe life-long mental retardation and related disabilities. The Department of Health and Environmental Control recently increased the number of conditions for which each newborn baby is screened through the SC Newborn Screening Program as a result of changes in state law and creation of the state's birth defects surveillance program. Many of the conditions identified during the screening result in severe lifelong mental retardation and other disabilities if not treated. Today there are new treatments available that, if started at birth, prevent mental retardation and related disabilities. Other curative treatments for conditions that progress to mental retardation are under development at the Greenwood Genetic Center.

Currently there are established strategies to cure or prevent mental retardation and related disabilities. Dietary manipulation and pharmaceuticals are the mainstay of the well-established therapies currently available for disabling conditions. Dietary restrictions for children screened with "PKU" and the taking of supplemental folic acid vitamins by women of childbearing age have reduced the numbers of children with disabilities. There are also emerging strategies which are in preclinical or clinical trials. Most prominent among these are the use of enzymes for the treatment

of inherited biochemical disorders. The use of gene compounds to replace essential compounds which are defective will continue to expand in the next few years. Other therapies are on the horizon in early trials. This includes the use of antibodies to correct skeletal disorders, antibiotics to permit genes with mutations to function adequately to prevent disease, the use of biochemical analogues to promote transfer of essential chemicals to the brain, and the activation of essential genes that have become silenced through mutations or other mechanisms to restore essential gene compounds.

The goal of this treatment center is to promote normal development and prevent mental retardation or other developmental disabilities among children who, if untreated, we know will develop mental retardation and related disabilities. When operational the new facility will provide screening and diagnostic services to over 20,000 families and curative treatments to an additional 50 to 100 families annually. Currently, 125 patients are enrolled in a treatment program funded by DHHS and DDSN and 80 of these treatments are considered curative. This is part of a demonstration effort to link curative treatments with the new screening of conditions. Referrals come statewide primarily from hospitals, pediatricians, clinics, families, DHEC, and DDSN.

In addition to the health benefits to treated children, curative treatments produce immense savings in health care expenditures. The actual annual cost associated with current DDSN consumers with a diagnosis identical to those in the project treatment group is \$76,900 per patient or \$3,845,000 over an average 50 year lifespan. Of course, this speaks nothing to the avoidance of pain and suffering or quality of life of the parents and the child with the disability.

Combining public and private commitments to date, one third of the cost (\$3,701,750) to build the 30,000 square foot facility will be covered. The land has already been acquired by the Genetics Endowment of South Carolina. Site work for roads and infrastructure will be provided by Sprint and the Greenwood Economic Alliance. Laboratory equipment and furnishings costing \$2,000,000 are expected to be covered by The Duke Endowment. Thus far to date, Duke has already provided \$800,000. Architectural and engineering costs have been provided through a grant from DDSN. Funding is now needed to cover the actual cost of construction.

Without this facility, curative treatments currently available and new treatments yet to be developed will not be accessible to cover those children being identified today and those who will be identified tomorrow as a result of the newborn screening tests added with the recent law changes. Due to our constantly evolving knowledge of genetics, prevention efforts have moved to treatments that are available which can cure or reduce the effects of disabilities. Operating funding is currently being provided by DDSN and Medicaid. This funding will be sufficient for the center's operations in the near future.

This project was not included in the agency's 2006 Comprehensive Permanent Improvement Plan. This will not be a DDSN building. DDSN is acting as the sponsor for the Greenwood Genetic Center's request for potential inclusion in a Capital Improvement Bond Bill for FY 2007-2008. The Greenwood Genetic Center (GGC) is a nonprofit institute founded in 1974 with joint funding from DDSN and The Self Family Foundation. Besides DDSN, DHHS and DHEC provide additional State and Medicaid funding to the Center. In addition, the Center has established academic and research collaborations with the state's three research universities - MUSC, USC, and Clemson. Clemson University is building a new facility on the GGC campus for their students enrolled in their human genetics program. The GGC campus is also the site of a special biotechnology incubator program established in partnership with the Department of Commerce. These initiatives enhance and reinforce each other as will the genetics treatment center, all building upon and increasing GGC's nationally and internationally recognized reputation for excellence. The Center provides diagnostic genetic services and counseling statewide, operates educational programs, and conducts research on mental retardation,

autism, birth defects and related disabilities. With the support of the state agencies and research universities, statewide service outreach, prevention programs, clinical and educational facilities, new diagnostic technologies and state of the art laboratories have become possible.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$7,000,000		\$3,701,750	\$10,701,750

*\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

**H. Justification for First Year Additional Future Annual Operating Costs:**

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

\_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

**I. Justification for First Full Year Additional Future Annual Operating Costs** *(If Section H above represents a full year's operating funds, do not complete this section.)*

- (1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_  
If not, will additional state funds be needed in the future? \_\_\_\_\_  
If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_
- (2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

**J. Other Comments:**

# **2006 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**

Page \_\_\_\_\_

Agency Number:   J-16   Name:   Disabilities and Special Needs  

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2006-07      2: 2007-08 **X**     

1. Project Name:   Greenwood Genetic Center - SC Center for the Treatment of Genetic Diseases - Construction  

3. Project Type:   Construct Additional Facilities     100   %

2. Project Priority:   7   of   7   in Plan Year

4. Facility Type:   Healthcare / Medical     75   %  
  Office / Administration     25   %

## **5. What is the project?**

**This project involves the new construction of a large, 30,000 square foot facility to be known as the South Carolina Center for the Treatment of Genetic Diseases, on the campus of the Greenwood Genetic Center in Greenwood. It will be owned by Greenwood Genetic Center. The facility will combine space for clinical evaluation and treatment rooms, laboratories, offices, and family support areas. The funding is a collaborative effort of the SC Department of Disabilities and Special Needs, the Greenwood Genetic Center, and other private non-profit agencies. Of the estimated \$10,701,750 total project cost, DDSN is requesting \$7,000,000 in state capital improvement bonds in the FY06-07 Bond Bill for the construction cost portion of this project.**

The total projected cost of this project is   \$10,701,750.00  .

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

## **8. Total estimated project cost:**

1. <u>  536,750.00  </u>	Land Purchase	Land	<u>  7  </u> Acres
2. <u>                  </u>	Building Purchase	Floor Space:	<u>                  </u> Gross Square Feet
3. <u>  316,000.00  </u>	Professional Services Fees	Information Technology	\$ <u>                  </u>
4. <u>  2,000,000.00  </u>	Equipment and/or Materials		
5. <u>  750,000.00  </u>	Site Development		
6. <u>  7,000,000.00  </u>	New Construction	Floor Space:	<u>  30,000  </u> Gross Square Feet
7. <u>                  </u>	Renovations - Building Interior	Floor Space:	<u>                  </u> Gross Square Feet
8. <u>                  </u>	Renovations - Utilities		
9. <u>                  </u>	Roofing	Roof Age	<u>                  </u>
10. <u>                  </u>	Renovations - Building Exterior		
11. <u>                  </u>	Other Permanent Improvements		
12. <u>                  </u>	Landscaping		
13. <u>                  </u>	Builders Risk Insurance		
14. <u>                  </u>	Other Capital Outlay		
15. <u>                  </u>	Labor Costs		
16. <u>                  </u>	Bond Issue Costs		
17. <u>                  </u>	Other		
18. <u>  99,000.00  </u>	Contingency		
<u>  \$  10,701,750.00  </u>	<b>TOTAL PROJECT BUDGET</b>		

## **6. Why is the project needed?**

**This center will allow the timely development of the necessary expertise and infrastructure to position South Carolina to take fullest possible advantage of emerging treatments to cure and prevent mental retardation, autism, and related disabilities.**

## **7. What alternatives to this project were considered?**

**Continue disjointed efforts and programs, without the infrastructure to develop new curative treatments for these conditions, which lead to expensive, lifelong financial costs.**

## **9. Proposed Source of Funds**

0. <u>  7,000,000.00  </u>	Capital Improvement Bonds
1. <u>                  </u>	Departmental CIB
2. <u>                  </u>	Institution (Tuition) Bonds
3. <u>                  </u>	Revenue Bonds
4. <u>                  </u>	Excess Debt Service* ( )
5. <u>                  </u>	Capital Reserve Fund
6. <u>                  </u>	Appropriated State
7. <u>                  </u>	Federal
8. <u>                  </u>	Athletic
9. <u>  3,701,750.00  </u>	Other* (Private Endowment Funds / Grants )
<u>  \$  10,701,750.00  </u>	<b>TOTAL</b>

\* Specify Type

## **10. Project Schedule (for 2006-07 only)**

A. Estimated Start Date:   July 2007  

B. Estimated Completion Date:   June 2008  

C. Estimated Total Expenditures  
 (1) In 2006-2007 Year   \$                    
 (2) After 2006-2007 Year   \$  10,701,750.00    
 (3) Total Project Cost   \$  10,701,750.00

**2006 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**

Page \_\_\_\_\_

**ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS  
RESULTING FROM PERMANENT IMPROVEMENT PROJECT**

1. AGENCY

Code    J-16    Name    Disabilities and Special Needs

2. PROJECT

Greenwood Genetic Center - SC Center for the Treatment of  
Genetic Diseases - Construction

No.                      Name

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2006-07 \_\_\_\_

2: 2007-08 X

3. ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS.

(Check whether reporting cost or savings.)

☐

COSTS

☐

SAVINGS

☒

NO CHANGE

4.

TOTAL ADDITIONAL OPERATING COSTS/SAVINGS Projected Financing Sources				
(1)	(2)	(3)	(4)	(5)
Fiscal Year	General Funds	Federal	Other	Total
1) 2006-07				\$
2) 2007-08				\$
3) 2008-09				\$

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenue, fees, etc.).

N/A

6. Will the additional costs be absorbed into your existing budget? If no, how will additional funds be provided?      ☐ YES      ☐ NO

7. Itemize below the cost factors that contribute to the total costs or savings reported in Column 5 for the first fiscal year.

<u>COST FACTORS</u>	<u>AMOUNT</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
TOTAL	_____

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. \_\_\_\_\_

9. Submitted By:

Director of Budgeting Systems

August 22, 2006

Signature of Authorized Official and Title

Date

## FY 2007-08 COST SAVINGS & ACTIVITY PRIORITY ADDENDUM

### I. 2% COST SAVINGS ASSESSMENT

#### A. Section 11/J16/Department of Disabilities and Special Needs:

- B. Agency Activity Number and Name:
- 1017 Special Olympics
  - 1015 Center Based Child Development
  - 1016 Other Family Support
  - 1019 Respite/Family Support Stipends
  - 1022 Autism Family Support
  - 1025 Head and Spinal Cord Injury Family Support

#### C. Explanation of Cost Savings Initiative:

1. Special Olympics is very important to many children and adults with mental retardation and their families providing year round sports training and competition. However, this funding is provided in the appropriations act each year as pass-through funding to the private nonprofit organization to support the administrative and general programs of Special Olympics.
2. Center Based Child Development centers provide day care with an emphasis on developmental activities for children with mental retardation or autism. These services are now provided at only six centers throughout the state. Generally, child care is considered the responsibility of the family. As there are only six centers in the state, the majority of families of children with disabilities have had to make their own arrangements for day care.
3. Other Family Support provides summer services and supports to families of children and adults with mental retardation or autism. These supports range from specialized summer camps for the individuals with a disability to day care provided to assist the family during the summer months when school is not available.
4. Respite/Family Support Stipends offer temporary care and funding to the families and individuals with mental retardation due to emergencies, personal situations, or the need to take a break from fulltime care of a family member with a disability. These family support services help to prevent the breakup of families, prevent the development of crisis situations and the resulting expensive out-of-home placement requests of families.
5. Autism Family Supports offer temporary care and funding to the families and individuals with autism due to emergencies, personal situations, or the need to take a break from fulltime care of a family member with a disability. These supports help



families cope with the everyday struggle of caring for a son or daughter with severe disabilities and prevent the development of crisis situations.

6. Head and Spinal Cord Injury Supports offer temporary care and funding to the families and individuals with head or spinal cord injuries due to emergencies, personal situations, or the need to take a break from fulltime care of a family member with a disability. These supports help families cope with the everyday struggle of caring for a son or daughter with severe disabilities and prevent the development of crisis situations.

**D. Estimate of Savings:**

<b>FY 2007-08 Cost Savings Estimates:</b>	<b>General</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Personnel:</b>				
(a) Number of FTEs				0.00
(b) Personal Service				\$ 0
(c) Employer Contributions				\$ 0
Program/Case Services	\$3,049,208		\$953,353	\$4,002,561
Pass-Through Funds	200,000			\$200,000
Other Operating Expenses				\$ 0
Total	\$3,249,208	\$ 0	\$953,353	\$4,202,561

**E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*):**

1. While the Special Olympics dollars are pass-through funding from the agency to the organization, the funding does support the many events sponsored by Special Olympics for individuals with mental retardation and their families. Besides the big statewide annual sports competition, many other sport training and competitive events occur all over the state throughout the year. These sports include track, swimming, bowling, and bocce; some are segregated and others are integrated with non-disabled peers. Many of the children and adults competing in these events would not have the opportunity to do so otherwise in their local communities. This support funding provides a base that is expanded many times over from the organization's private fund raising and the many hours volunteered by citizens of the state helping to support fellow state citizens who have a disability.

2. There are only six Center Based Child Development Centers throughout the state, yet these centers serve 123 very young children with special needs. Some of these children have medical conditions or devices that most day care center staff are not capable of handling. For these families, the centers may be providing the specialized developmental activities for their children while allowing the parents to remain employed. Eliminating the centers will add to the cost of care for these families and may require some families to leave employment. In addition, the agency has been able to cost most of the expenses for these development centers to Medicaid. These funds will no longer be collected due to the loss of the State matching funds.

3. The Other Family Support provides summer services in the form of specialized camps, activities, and day care for 3,300 children and adults with mental retardation and autism. Many of these individuals attend school during the other months. These supports help families in providing supervision for their sons or daughters during these non-school days. For the individual with a disability, these supports allow them to participate in activities that their non-disabled peers are able to enjoy. So while family supports help the families of individuals with a disability, they also allow the disabled individual to do activities others take for granted. These services occur statewide during the summer months.

4. The reduction to Respite/Family Support Stipends is approximately one half of the funding provided to families and individuals with mental retardation statewide. Currently, 3,200 individuals and their families receive these in-home supports. This number would have to be reduced to supporting about 1,600 individuals. This reduction would require the agency to work with its local disabilities boards to prioritize the funding so that those persons with the greatest need for respite and stipends continue to receive this support so as to reduce the need for more expensive out-of-home residential placements. For many of the individuals and families no longer receiving these supports, there will be increasing pressure to request residential placements sooner than they would have otherwise. This often occurs when families feel that they can no longer cope with the everyday struggle of caring for a son or daughter with severe disabilities.

5. The reduction to Autism Family Support is approximately one half of the funding provided to families and individuals with autism statewide. Currently, 550 individuals and their families receive these in-home supports. This number would have to be reduced to supporting about 275 individuals. This reduction would also require the agency to work with its local disabilities boards to prioritize the funding so that those persons with the greatest need for respite and stipends continue to receive this support so as to reduce the need for more expensive out-of-home residential placements. For many of the individuals and families no longer receiving these supports, there will be increasing pressure to request residential placements sooner than they would have otherwise. This often occurs when families feel that they can no longer cope with the everyday struggle of caring for a son or daughter with severe disabilities.

6. The reduction to Head and Spinal Cord Family Support is approximately one half of the funding provided to families and individuals with head or spinal cord injuries statewide. Currently, 600 individuals and their families receive these in-home supports. This would have to be reduced to supporting about 300 individuals. This reduction would also require the agency to work with its local disabilities boards to prioritize the funding so that those persons with the greatest need for respite and stipends continue to receive this support so as to reduce the need for more expensive out-of-home residential placements. For

many of the individuals and families no longer receiving these supports, there will be increasing pressure to request residential placements sooner than they would have otherwise. This often occurs when families feel that they can no longer cope with the everyday struggle of caring for a son or daughter with severe disabilities.

All of this funding is provided through contracts and grants to local county disabilities boards or private organizations. No State government FTE's are involved. Any impact on employees would be with the local or private organizations.

F.

<b>Summary of Cost Savings Initiatives for FY 2007-08:</b>	<b>FUNDING</b>				<b>FTEs</b>			
	<b>General</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>	<b>State</b>	<b>Fed.</b>	<b>Other</b>	<b>Total</b>
Initiative Title: Pass-through Funding Activity Number & Name: 1017 Special Olympics	\$200,000	0	0	\$200,000	0	0	0	0.00
Initiative Title: Child Day Care Activity Number & Name: 1015 Center Based Child Develop.	300,000	0	953,353	1,253,353	0	0	0	0.00
Initiative Title: Summer Services Activity Number & Name: 1016 Other Family Support	509,339	0	0	509,339	0	0	0	0.00
Initiative Title: In-home Supports Activity Number & Name: 1019 Respite/Family Support Stipends	1,657,503	0	0	1,657,503	0	0	0	0.00
Initiative Title: In-home Supports Activity Number & Name: 1022 Autism Family Support	425,575	0	0	425,575	0	0	0	0.00
Initiative Title: In-home Supports Activity Number & Name: 1025 Head and Spinal Cord Injury Family Support	156,791	0	0	156,791	0	0	0	0.00
<b>TOTAL OF ALL INITIATIVES</b>	<b>\$3,249,208</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$4,202,561</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

## FY 2007-08 COST SAVINGS & ACTIVITY PRIORITY ADDENDUM

### II. PRIORITY ASSESSMENT OF AGENCY ACTIVITIES

#### A. Section 11/J16/Department of Disabilities and Special Needs:

- B. Agency Activity Number and Name:   **1017 Special Olympics**  
  **1015 Center Based Child Development**  
  **1016 Other Family Support**

#### C. Explanation of Lowest Priority Status:

1. While Special Olympics is very important to many children and adults with mental retardation and their families, this funding is provided by the appropriations act each year as pass-through funding to the private nonprofit organization. This funding supports the administrative and general programs of Special Olympics. While providing worthwhile events, pass-through funding is the agency's lowest priority.

2. Center Based Child Development centers provide day care with an emphasis on developmental activities for children with mental retardation or autism. However, these services provided at only six centers throughout the state are very limited. Generally, day care for children is considered the responsibility of the family. Since there are only six centers, other families of children with disabilities throughout the state have had to make their own arrangements for day care. Due to the fact that most of the families must provide for this service themselves, the agency has this funding as a lower priority.

3. Other Family Support provides summer services and supports to families of children and adults with mental retardation or autism. These supports range from specialized summer camps for the individuals with a disability to day care provided to help the family during the summer months when school is not available. While these services assist families and provide individuals opportunities that would not happen otherwise, the agency would choose to reduce these intermittent supports tied to a specific effort before reducing other family support services that are more flexible and provide ongoing efforts for families throughout the year.

**D. Estimate of Savings:**

<b>Estimate of Savings:</b>	<b>General</b>	<b>Federal</b>	<b>Supplemental</b>	<b>Capital Reserve</b>	<b>Other</b>	<b>Total</b>
<b>Personnel:</b>						
(a) Number of FTEs	0	0	0	0	0	0.00
(b) Personal Service	0		0	0	0	\$ 0
(c) Employer Contributions	0		0	0	0	\$ 0
Program/Case Services	\$809,339	\$66,000	\$200,000	0	\$953,353	\$2,028,692
Pass-Through Funds	200,000	0	0	0	130,000	330,000
Other Operating Expenses	0	0	0	0	0	\$ 0
Total	\$1,009,339	\$66,000	\$200,000	\$ 0	\$1,083,353	\$2,358,692

**E. Activity Impact (Describe the impact on the activity affected including the impact on customers and clients.):**

1. While the Special Olympics dollars are pass-through funding from the agency to the organization, the funding does support the many events sponsored by Special Olympics for individuals with mental retardation and their families. Besides the big statewide annual sports competition, many other sport training and competitive events occur all over the state throughout the year. These sports include track, swimming, bowling, and bocce; some are segregated and others integrated with non-disabled peers. Many of the children and adults competing in these events would not have the opportunity to do so otherwise in their local communities. This support funding provides a base that is expanded many times over from the organization's private fund raising and the many hours volunteered by citizens of the state helping to support fellow state citizens who have a disability.

2. There are only six Center Based Child Development Centers throughout the state yet these centers serve 123 very young children with special needs. Some of these children have medical conditions or devices that most day care center staff are not capable of handling. For these families, the centers may be providing the specialized developmental activities for their children while allowing the parents to remain employed. Eliminating the centers will add to the cost of care for these families and may require some families to leave employment. In addition, the agency has been able to cost most of the expenses for these development centers to Medicaid. These funds will no longer be collected due to the loss of the State matching funds.

3. The Other Family Support provides summer services in the form of specialized camps, activities, and day care for 3,300 children and adults with mental retardation and autism. Many of these individuals attend school during the other months. These supports help families in providing supervision for their sons or daughters during these non-school days. For the individual with a disability, these supports allow them to participate in activities that their non-disabled peers are able to enjoy. So while family supports help the families of individuals with a disability, they also allow the disabled individual to do activities others take for granted. These services occur statewide during the summer months.

F.

<b>Summary of Priority Assessment of Activities</b>	<b>General</b>	<b>Federal</b>	<b>Supplemental</b>	<b>Capital Reserve</b>	<b>Other</b>	<b>Total</b>	<b>FTEs</b>
Activity Number & Name: 1017 Special Olympics	\$200,000	0	0	0	\$130,000	\$330,000	0
Activity Number & Name: 1015 Center Based Child Development	300,000	0	0	0	953,353	1,253,353	0
Activity Number & Name: 1016 Other Family Support	509,339	66,000	200,000	0	0	775,339	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
<b>TOTAL OF LOWEST PRIORITIES</b>	<b>\$1,009,339</b>	<b>\$66,000</b>	<b>\$200,000</b>	<b>\$ 0</b>	<b>\$1,083,353</b>	<b>\$2,358,692</b>	<b>0.00</b>